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<input type="checkbox"/> RECEIVED	<input type="checkbox"/> COPY
FEB 22 2008	
CLERK U.S. DISTRICT COURT DISTRICT OF ARIZONA	
BY _____	DEPUTY

CREWS, LYNN P370704
 Name and Prisoner/Booking Number
Lower Buckeye Jail T22 A15
 Place of Confinement
3250 W. Lower Buckeye Road
 Mailing Address
Phoenix, AZ 85009
 City, State, Zip Code

(Failure to notify the Court of your change of address may result in dismissal of this action.)

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA**

LYNN RUFUS CREWS

(Full Name of Plaintiff)

Plaintiff;

vs.

CASE NO. CV 08-300-PHX-SRB-MEA
 (To be supplied by the Clerk)

(1) CITY OF PHOENIX

(Full Name of Defendant)

(2) _____

(3) _____

(4) _____

Defendant(s).

☒ Check if there are additional Defendants and attach page 1-A listing them.

**CIVIL RIGHTS COMPLAINT
BY A PRISONER**

- ☒ Original Complaint
☐ First Amended Complaint
☐ Second Amended Complaint

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

- ☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983
☐ 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).
☐ Other: _____

2. Institution/city where violation occurred:

PHOENIX POLICE DEPARTMENT
PHOENIX, ARIZONA

550/555

B. DEFENDANTS

1. Name of first Defendant: AARON FAJARDO. The first Defendant is employed as:
POLICE OFFICER at PHOENIX POLICE DEPARTMENT
(Position and Title) (Institution)
2. Name of second Defendant: NICHOLAS GIONET. The second Defendant is employed as:
POLICE OFFICER at PHOENIX POLICE DEPARTMENT
(Position and Title) (Institution)
3. Name of third Defendant: _____. The third Defendant is employed as:
_____ at _____
(Position and Title) (Institution)
4. Name of fourth Defendant: _____. The fourth Defendant is employed as:
_____ at _____
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☒ Yes ☐ No
2. If yes, how many lawsuits have you filed? 1. Describe the previous lawsuits:
 - a. First prior lawsuit:
 1. Parties: LYNN RUFUS CREWS v. M.C.S.O.
 2. Court and case number: U.S. DISTRICT COURT
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) DISMISSED
 - b. Second prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - c. Third prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

D. CAUSE OF ACTION

COUNT I

1. State the constitutional or other federal civil right that was violated: Unlawful Search and Seizure, 4th Amendment Violation
2. Count I. Identify the issue involved. Check only one. State additional issues in separate counts.

<input type="checkbox"/> Basic necessities	<input type="checkbox"/> Mail	<input type="checkbox"/> Access to the court	<input type="checkbox"/> Medical care
<input type="checkbox"/> Disciplinary proceedings	<input type="checkbox"/> Property	<input type="checkbox"/> Exercise of religion	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Excessive force by an officer	<input type="checkbox"/> Threat to safety	<input checked="" type="checkbox"/> Other: <u>Unlawful Seizure</u>	
3. Supporting Facts. State as briefly as possible the FACTS supporting Count I. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

I was arrested for an Aggravated DUI.
My police report number is DR # 2007 72440435.
During my police processing, a blood draw was requested by the Phoenix Police Department.
* The Police Department did not receive a Judge's order to draw my blood.
* I also did not give consent for a blood draw.
* My (signature) stating that: "I understand that pursuant to A.R.S. 28-1321, by operating a motor vehicle in this state, I have given consent to a blood test for the purpose of determining alcohol concentration or drug content is "MISSING"
Blood was taken without proper consent.
* No medical problems, medications or allergies noted on blood draw report.
4. Injury. State how you were injured by the actions or inactions of the Defendant(s).

The Defendants actions could get me wrongfully convicted by them not following proper procedure.
5. Administrative Remedies:
 - a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☐ Yes ☒ No
 - b. Did you submit a request for administrative relief on Count I? ☐ Yes ☒ No
 - c. Did you appeal your request for relief on Count I to the highest level? ☐ Yes ☒ No
 - d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. THIS IS THE FIRST COURSE OF RELIEF.

COUNT II

1. State the constitutional or other federal civil right that was violated: I did not get to speak to a lawyer.
2. Count II. Identify the issue involved. Check **only one**. State additional issues in separate counts.

<input type="checkbox"/> Basic necessities	<input type="checkbox"/> Mail	<input type="checkbox"/> Access to the court	<input type="checkbox"/> Medical care
<input type="checkbox"/> Disciplinary proceedings	<input type="checkbox"/> Property	<input type="checkbox"/> Exercise of religion	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Excessive force by an officer	<input type="checkbox"/> Threat to safety	<input checked="" type="checkbox"/> Other: <u>No right to Counsel.</u>	
3. **Supporting Facts.** State as briefly as possible the FACTS supporting Count II. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

I requested to speak with attorney Michael Bernays or attorney Craig Mehrens.

* I was not given an opportunity to speak with Counsel.
4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

The action of the Defendant denied my opportunity to receive proper advice from Counsel. I could be wrongfully convicted.
5. **Administrative Remedies.**
 - a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☐ Yes ☒ No
 - b. Did you submit a request for administrative relief on Count II? ☐ Yes ☒ No
 - c. Did you appeal your request for relief on Count II to the highest level? ☐ Yes ☒ No
 - d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. THIS IS THE FIRST COURSE OF RELIEF.

COUNT III

- [illegible]

If you assert more than three Counts, answer the questions listed above for each additional Count on a separate page.

E. REQUEST FOR RELIEF

State the relief you are seeking:

I would like to have the Superior Court
dismiss the case as proper procedure
was not followed. Case # 2007181997.
Therefore, the incorrect actions taken have
resulted in my civil and constitutional
rights violations.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 18 FEBRUARY 2008
DATE

Lynn R. Grews
SIGNATURE OF PLAINTIFF

(Name and title of paralegal, legal assistant, or
other person who helped prepare this complaint)

(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space, you may attach no more than fifteen additional pages. But the form must be completely filled in to the extent applicable. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages.

Crews, LYNN P 370704
 Name and Prisoner/Booking Number
Lower Buckeye Jail T22 A15
 Place of Confinement
3250 W. Lower Buckeye Road
 Mailing Address
Phoenix, AZ 85009
 City, State, Zip Code

IN THE UNITED STATES DISTRICT COURT
 FOR THE DISTRICT OF ARIZONA

LYNN RUFUS CREWS

Plaintiff,

vs.

CITY OF PHOENIX

Defendant(s).

CASE NO. _____

APPLICATION TO PROCEED
 IN FORMA PAUPERIS
 BY A PRISONER
 CIVIL (NON-HABEAS)

I, LYNN RUFUS CREWS, declare, in support of my request to proceed in the above entitled case without prepayment of fees under 28 U.S.C. § 1915, that I am unable to pay the fees for these proceedings or to give security therefor and that I believe I am entitled to relief.

In support of this application, I answer the following questions under penalty of perjury:

- Have you ever before brought an action or appeal in a federal court while you were incarcerated or detained?
☒ Yes ☐ No If "Yes," how many have you filed? 1
 Were any of the actions or appeals dismissed because they were frivolous, malicious, or failed to state a claim upon which relief may be granted? ☐ Yes ☒ No If "Yes," how many of them? _____
- Are you currently employed at the institution where you are confined? ☐ Yes ☒ No
 If "Yes," state the amount of your pay and where you work. _____

- Do you receive any other payments from the institution where you are confined? ☐ Yes ☒ No
 If "Yes," state the source and amount of the payments. _____

4. Do you have any other sources of income, savings, or assets either inside or outside of the institution where you are confined? ☐ Yes ☒ No

If "Yes," state the sources and amounts of the income, savings, or assets. _____

I declare under penalty of perjury that the above information is true and correct.

02/18/2008

DATE

Lynn R. Crews

SIGNATURE OF APPLICANT

CONSENT TO COLLECTION OF FEES FROM TRUST ACCOUNT

I, LYNN R. CREWS, hereby consent to having the designated correctional officials at this institution release to the Court my trust account information. I further consent to having the designated correctional officials at this institution withdraw from my trust account the funds required to comply with the order of this Court for the payment of filing fees in accordance with 28 U.S.C. § 1915(b).

My consent includes withdrawal from my account by correctional officials of partial initial payments to this Court equal to 20% of the greater of:

(A) the average monthly deposits to my account for the six-month period preceding my filing of this action, or

(B) the average monthly balance in my account for the six-month period preceding my filing of this action.

My consent also includes monthly withdrawals from my account by correctional officials of an amount equal to 20% of each month's income. Whenever the amount in my account reaches \$10.00, correctional officials will withdraw that amount and forward it to the Court until the required filing fee is paid in full. I understand that I am liable for paying the entire fee, even if my case is dismissed by the Court before the fee is fully paid.

02/18/2008

DATE

Lynn R. Crews

SIGNATURE OF APPLICANT

CERTIFICATE OF CORRECTIONAL OFFICIAL AS TO STATUS OF APPLICANT'S TRUST ACCOUNT

CREWS, LYNN

P-370704

I, Shanavas Kattoor, certify that as of the date applicant signed this application:
(Printed name of official)

The applicant's trust account balance at this institution is:

\$ 45.02

The applicant's average monthly deposits during the prior six months is:

\$ 0

The applicant's average monthly balance during the prior six months is:

\$ 0

The attached certified account statement accurately reflects the status of the applicant's account.

FEB 20 2008

Shanavas-Kattoor

B0829

MCSO

DATE

AUTHORIZED SIGNATURE

TITLE/ID NUMBER

INSTITUTION

Page: 1

Acct Number: P370704R Type: REG - Regular Account
Status: OPN - Account Open

.....Transaction.....

Date	Time	Type	Description	Amount	Balance	Sts
12/26/07	03:49:26	I	Init. Funds Dep	\$5.26	\$5.26	OPN
01/04/08	08:39:09	S	Canteen Sale	-\$4.79	\$0.47	OPN
01/18/08	07:27:30	S	Canteen Sale	-\$0.25	\$0.22	OPN
01/30/08	08:38:07	D	Deposit	\$200.00	\$200.22	OPN
02/07/08	06:08:53	S	Canteen Sale	-\$91.15	\$109.07	OPN
02/14/08	06:18:34	S	Canteen Sale	-\$64.05	\$45.02	OPN
Ending Balance:				\$45.02		

*** NOTE: Funds available for self bond ==>==>==>==>==>==>==> \$45.02
 (Ending Balance) << OR >> 0

I hereby accept the above as an accurate statement of all transactions involving my inmate account(s) while in custody of the Maricopa County Sheriff's Office.

Inmate Signature: _____ Date: _____

===== * * * E N D O F S T A T E M E N T * * * =====

MARICOPA COUNTY SHERIFF'S OFFICE
JOSEPH M. ARPAIO SHERIFF

CERTIFICATION

I hereby certify that on this date FEB 20 2008

I filed √ mailed the original and one (1) copy to the Clerk of the

✓ **United States District Court, District of Arizona.**

 Hon United States District Court, District of Arizona.

I further certify that copies of the original have been forwarded to:

Attorney General, State of Arizona.

____ Judge, _____, Superior Court, Maricopa County, State of Arizona.

County Attorney, Maricopa County, State of Arizona,

Public Defender, Maricopa County, State of Arizona.

Attorney, _____

Shimons-Sk

INMATE LEGAL SERVICES
Maricopa County Sheriff's Office
201 S. 4th Avenue
Phoenix, AZ 85003